## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| Application or Docket Num | ber |
|---------------------------|-----|
| 10792088                  |     |
| 4418600                   |     |

| CLAIMS AS FILED - PART I   |   |   |              |                                   | (Column 2)        |                  | SMALL ENTITY TYPE |                    |                        | OR          | OTHER THAN          |                        |
|--|---|---|--------------|-----------------------------------|-------------------|------------------|-------------------|--------------------|------------------------|-------------|---------------------|------------------------|
| TOTAL CLAIMS   |   | 95  |              | 100.0                             |                   | ]                | RATE              | FEE                | 7                      | RATE        | FEE                 |                        |
| FOR NUM  |   | NUMBER                                      | NUMBER FILED |                                   | NUMBER EXTRA      |                  | BASIC FEE         | -                  | OR                     | BASIC FEE   |                     |                        |
| <b> </b>   | TAL CHARGE  | ARIE CLAIMS                                 | 00           |                                   | . 70              | NUMBER EXTRA     |                   |                    | <del></del>            | Un          |                     |                        |
| H  |   |   | 1 .          | ius 20=                           | . /5              |                  |                   | X\$ 9=             | 675                    | OR          | X\$18=              |                        |
| _  | DEPENDENT C   | <del> </del>                                | (/)          | nus 3 =                           | 3                 |                  |                   | X43=               | 129                    | OR          | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |              |                                   |                   |                  | +145=             |                    | OR                     | +290=       |                     |                        |
| * If the difference in column 1 is less than zero, enter   |   |   |              |                                   | "0" in c          | olumn 2          |                   | TOTAL              | 1189                   | OR          | TOTAL               |                        |
| CHALL PATTY OF CA  |   |   |              |                                   |                   |                  |                   |                    | OTHER<br>SMALL         |             |                     |                        |
|  | <u> </u>  | (Column 1)                                  | <u> </u>     | (Colun                            |                   | (Column 3)       | )<br>1 r          | SWALL              |                        |             | SMALL               | ADDI-                  |
| ENT A  |   | REMAINING<br>AFTER<br>AMENDMENT             |              | NUME<br>PREVIO<br>PAID I          | USLY              | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |             | RATE                | TIONAL                 |
| AMENDMENT  | Total   | •   | Minus        | **                                |                   | = ·              |                   | X\$ 9=             |                        | OR          | X\$18=              |                        |
| AME.   | Independent   | •   | Minus        | ***                               |                   | -                | 11                | X43=               |                        | OR          | X86=                |                        |
|  | FIRST PRESE   | NTATION OF MU                               | JLTIPLE DEF  | ENDENT                            | CLAIM             |                  | J                 | +145=              | ·                      | OR          | +290=               |                        |
|  |   |   |              |                                   |                   |                  | L                 | TOTAL<br>ODIT, FEE |                        | OR          | TOTAL<br>ADDIT, FEE |                        |
|  |   | (Column 1)                                  |              | (Colum                            | nn 2)             | (Column 3)       |                   | OUII. PEE          |                        |             | -0011. 1 201        |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |              | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>JUSLY      | PRESENT<br>EXTRA |                   | RATE.              | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |
| ΣQ   | Total   | •   | Minus        | **                                |                   |                  |                   | X\$ 9=             |                        | OR          | X\$18=              |                        |
| ME   | Independent   | *   | Minus        | ***                               |                   | · .              | ] [               | X43=               |                        | OR          | X86=                |                        |
|  | FIRST PRESE   | NTATION OF MU                               | LTIPLE DEP   | ENDENT                            | CLAIM             | <u> </u>         | <b>」</b>          | +145=              |                        | OR          | +290=               |                        |
|  |   |   |              |                                   |                   | L                | TOTAL             |                    |                        | TOTAL       | •                   |                        |
|  |   |   |              |                                   |                   |                  | DDIT. FEE         |                    | <u> </u>               | ADDIT. FEEL |                     |                        |
| AMENDMENT C  |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | ·            | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ST<br>IER<br>USLY | PRESENT<br>EXTRA |                   | RATE               | ADDI-<br>TIONAL<br>FEE |             | RATE                | ADDI-<br>TIONAL<br>FEE |
| MO   | Total   | *   | Minus        | **                                |                   | =                | 1                 | X\$ 9=             |                        | OR          | X\$18=              |                        |
| MEN  | Independent   | •   | Minus        | ***                               |                   | -                | 1 F               |                    |                        |             |                     |                        |
| Ā  | FIRST PRESE   | NTATION OF MU                               | ILTIPLE DEP  | ENDENT                            | CLAIM             |                  | 1 L               | X43=               |                        | OR          | X86=                |                        |
| +145=  |   |   |              |                                   |                   |                  | OR                | +290≐              |                        |             |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OPTION OF THE SPACE IS LESS THAN 3, enter "3." |   |   |              |                                   |                   |                  |                   |                    |                        |             |                     |                        |
| ]  | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                                   |                   |                  |                   |                    |                        |             |                     |                        |